

2000 UNIFORM BUSINESS REPORT (UBR)

2/29

FILED

Apr 27, 2000 8:00 am
Secretary of State

02-29-2000 90155 031 ***150.00

DOCUMENT # P99000045298

1. Entity Name

SHARP'S RACING TEAM, INC.

Principal Place of Business

12313 S.W. 11TH STREET
PEMBROKE PINES FL

Mailing Address

12313 S.W. 11TH STREET
PEMBROKE PINES FL 33179-1802

NEW ADDRESS

2. Principal Place of Business

11910 NW 15TH CT

Suite, Apt. #, etc.

N/A

3. Mailing Address

11910 NW 15TH CT

Suite, Apt. #, etc.

N/A

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

Zip

33026

Country

BROWND

Zip

33026

Country

BROWND

4. FEI Number

65-0932478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSKAT, ARNIE S ESQ.
88 NORTHEAST 168TH STREET
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Robert Sharp

Street Address (P.O. Box Number is Not Acceptable)

11910 NW 15TH CT

PEMBROKE PINES

33026

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SHARP, ROBERT
STREET ADDRESS 12313 S.W. 11TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Robert Sharp
STREET ADDRESS 11910 NW 15TH CT
CITY-ST-ZIP PEMBROKE PINES FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)